Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 1 of 52

| B1 (Official Form | | United S | | Bankı District | | | <u> </u> | - | | Vol | luntary Petition |
|---|--|--|--|--|-------------------------------------|--|---|---|--|---|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Juliano, Tovia L | | | | | | Name | of Joint Do | ebtor (Spouse) |) (Last, First | , Middle): | |
| | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | used by the Jomaiden, and | | | 8 years |
| Last four digits of (if more than one, state a | Soc. Sec. or Indi | ividual-Taxpa | yer I.D. (| ITIN)/Com | plete EIN | Last f | our digits o | f Soc. Sec. or | Individual- | Гахрауег I. | D. (ITIN) No./Complete EIN |
| Street Address of 1 5103 Illinois Loves Park, | St | Street, City, a | and State) | : | | | Address of | Joint Debtor | (No. and Str | reet, City, a | , |
| | | | | Г | ZIP Code 61111 | e | | | | | ZIP Code |
| County of Resider Winnebago | nce or of the Prin | cipal Place of | f Business | | <u> </u> | Coun | y of Reside | ence or of the | Principal Pla | ace of Busi | ness: |
| Mailing Address of | of Debtor (if diffe | erent from stre | eet addres | s): | | Mailii | ng Address | of Joint Debto | or (if differe | nt from stre | eet address): |
| | | | | _ | ZIP Code | e | | | | | ZIP Code |
| Location of Princi (if different from s | pal Assets of Bus street address abo | siness Debtor ove): | | | | | | | | | l |
| • | ype of Debtor | one boy) | | | of Busines | s | | | of Bankrup etition is Fi | | Under Which |
| (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) (Check one box) □ Health Care Business □ Single Asset Real Estate as do in 11 U.S.C. § 101 (51B) □ Railroad □ Stockbroker □ Commodity Broker □ Clearing Bank | | | s defined | Chapt Chapt Chapt Chapt Chapt Chapt | er 7 er 9 er 11 er 12 | ☐ Cl of ☐ Cl of | hapter 15 F a Foreign hapter 15 F a Foreign | Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding | | | |
| by, regarding, or against debtor is pending: | | | ☐ Debt | Tax-Exe | the United S | le) ization States | defined "incurr | are primarily condinated in 11 U.S.C. § ared by an individual, family, or h | (Checl nsumer debts, 101(8) as dual primarily | for | Debts are primarily business debts. |
| debtor is unable Form 3A. Filing Fee waive | paid in installments plication for the cou to pay fee except in | s (applicable to urt's considerati n installments. I | individual: ion certifyi Rule 1006(7 individu: | ng that the b). See Officals only). Mu | Check | Debtor is not if: Debtor's agg are less than all applicabl A plan is bei Acceptances | regate nonco \$2,490,925 (e boxes: ng filed with of the plan w | debtor as defin ness debtor as d entingent liquida amount subject this petition. | efined in 11 United debts (exc to adjustment | C. § 101(511 J.S.C. § 101 cluding debts on 4/01/16 | |
| Statistical/Admin ☐ Debtor estimat ☐ Debtor estimat there will be no | tes that funds wil | l be available exempt prop | erty is ex | cluded and | administra | | es paid, | | THIS | SPACE IS | FOR COURT USE ONLY |
| Estimated Number 1- 50- 49 99 | r of Creditors 100- 199 | 200- | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | |
| Estimated Assets | 001 to \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | |
| Estimated Liabiliti | 001 to \$100,001 to | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main

Document Page 2 of 52

B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Juliano, Tovia L (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ Jason Kunowski March 6, 2015 Signature of Attorney for Debtor(s) (Date) Jason Kunowski Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Tovia L Juliano

Signature of Debtor Tovia L Juliano

 \mathbf{X}

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 6, 2015

Date

Signature of Attorney*

X /s/ Jason Kunowski

Signature of Attorney for Debtor(s)

Jason Kunowski

Printed Name of Attorney for Debtor(s)

Eric Pratt Law Firm P.C.

Firm Name

3957 North Mulford Rd.

Suite C

Rockford, IL 61114

Address

Email: rockford@jordanpratt.com

815-315-0683 Fax: 815-516-5943

Telephone Number

March 6, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

$Signature\ of\ Debtor\ (Corporation/Partnership)$

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Juliano, Tovia L

Signatures

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| 7 | v |
|---|---|
| 2 | ١ |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 4 of 52

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | Case No. | |
|-------|-----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 5 of 52

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | | Page 2 |
|--|-------------------------------|--|
| mental deficiency so as to be in financial responsibilities.); | in 11 U.S.C. § to participate | 109(h)(4) as impaired by reason of mental illness or alizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone. |
| ☐ 5. The United States trustee requirement of 11 U.S.C. § 109(h) doc | 1 • | administrator has determined that the credit counseling this district. |
| I certify under penalty of per | rjury that the | information provided above is true and correct. |
| Signatu | re of Debtor: | /s/ Tovia L Juliano |
| _ | | Tovia L Juliano |
| Date: | March 6, 2015 | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 6 of 52

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | Case No | | |
|-------|-----------------|--------|---------|---|--|
| _ | | Debtor | | | |
| | | | Chapter | 7 | |
| | | | * - | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 90,000.00 | | |
| B - Personal Property | Yes | 3 | 18,870.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 155,251.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 10 | | 46,316.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 4,349.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 4,299.00 |
| Total Number of Sheets of ALL Schedu | ıles | 23 | | | |
| | T | otal Assets | 108,870.00 | | |
| | | | Total Liabilities | 201,567.00 | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 7 of 52

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | Case No. | | |
|-------|-----------------|--------|----------|---|--|
| - | | Debtor | , | | |
| | | | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 4,349.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 4,299.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 5,023.00 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 1,737.00 |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 46,316.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 48,053.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 8 of 52

B6A (Official Form 6A) (12/07)

| In re | Tovia L Juliano | Case No |
|-------|-----------------|---------|
| _ | | Debtor |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| 5103 Illinois Loves Park | | Fee simple | - | 90,000.00 | 136,314.00 |
|-----------------------------|--------------------------------------|--|---|--|----------------------------|
| | Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |

Sub-Total > **90,000.00** (Total of this page)

Total > **90,000.00**

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 9 of 52

B6B (Official Form 6B) (12/07)

| In re | Tovia L Juliano | Case No. | |
|-------|-----------------|----------|--|
| | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|--|---|--|
| 1. | Cash on hand | X | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | checking account w/ US Bank | - | 200.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | older household furniture & personal belonings | - | 1,500.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | |
| 6. | Wearing apparel. | necessary wearing apparel | - | 200.00 |
| 7. | Furs and jewelry. | watch | - | 50.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | employer provided term life policy - no cash value | - | 0.00 |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | | |
| | | (Tota | Sub-Total of this page) | al > 1,950.00 |

2 continuation sheets attached to the Schedule of Personal Property

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 10 of 52

B6B (Official Form 6B) (12/07) - Cont.

| In re | Tovia L Juliano | Case No. |
|--------|------------------|----------|
| III IC | TOVIA L JUIIATIO | Case NO. |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | | (| | |
|-----|---|------------------|---|---|---|
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | | 2014 Federal Tax Refund, (\$2,000 of which is Child Tax Credit, \$4,075 of which is Earned Income Credit) | - | 3,420.00 |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tota | al > 3,420.00 |
| | | | (Total | of this page) | -, |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 11 of 52

B6B (Official Form 6B) (12/07) - Cont.

| In re | Tovia L Juliano | Case No. |
|-------|-----------------|----------|
| | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x | | | |
| 25. | 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 999 Mercury Tracer | - | 500.00 |
| | | | 013 Dodge Journey | - | 13,000.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > (Total of this page)

13,500.00

Total >

18,870.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 12 of 52

B6C (Official Form 6C) (4/13)

| In re | Tovia L Juliano | Case No. |
|-------|-----------------|----------|
| - | | Debtor |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| 1 1 0.5.0. 3522(0)(5) | | | |
|--|---|----------------------------------|---|
| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
| Checking, Savings, or Other Financial Accounts, | Certificates of Deposit | | |
| checking account w/ US Bank | 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |
| Household Goods and Furnishings older household furniture & personal belonings | 735 ILCS 5/12-1001(b) | 1,500.00 | 1,500.00 |
| <u>Wearing Apparel</u> necessary wearing apparel | 735 ILCS 5/12-1001(a) | 200.00 | 200.00 |
| <u>Furs and Jewelry</u> watch | 735 ILCS 5/12-1001(b) | 50.00 | 50.00 |
| Other Liquidated Debts Owing Debtor Including T 2014 Federal Tax Refund, (\$2,000 of which is Child Tax Credit, \$4,075 of which is Earned Income Credit) | ax <u>Refund</u> 735 ILCS 5/12-1001(g)(1) 735 ILCS 5/12-1001(b) | 6,075.00 765.00 | 6,840.00 |

Total: 8,790.00 8,790.00

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 13 of 52

B6D (Official Form 6D) (12/07)

| In re | Tovia L Juliano | Case No. |
|-------|-----------------|----------|
| | | , |
| | | Debtor |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J H H | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | コーダンーロ | S P | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|-----------------|-------------|--|---------------|------------------|--------|--|---------------------------------|
| Account No. xxxx8800 Alpine Bank & Trust Co 1700 N Alpine Rd Rockford, IL 61107 | | - | Opened 6/01/07 Last Active 3/29/13 Home Equity line of Credit 5103 Illinois St Loves Park,IL 61111 | Т | A T E D | | | |
| Account No. xxxxxx6412 | _ | | Value \$ 90,000.00 Opened 6/01/06 Last Active 11/02/12 | | | | 13,426.00 | 0.00 |
| Caliber Home Loans, In Po Box 24610 Oklahoma City, OK 73124 | | - | Mortgage 5103 Illinois St Loves Park,IL 61111 | | | | | |
| Account No. xxxx3581 | + | | Value \$ 90,000.00 Opened 8/01/14 Last Active 2/12/15 | \perp | | | 122,888.00 | 0.00 |
| Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034 | | - | Purchase Money Security 2013 Dodge Journey | | | | | |
| | _ | | Value \$ 13,000.00 | | | | 14,737.00 | 1,737.00 |
| Account No. Midwest Title Loans 5203 N. Second St Loves Park, IL 61111 | | - | Purchase Money Security 1999 Mercury Tracer | | | | | |
| | | | Value \$ 500.00 | \ | | Ц | 4,200.00 | 0.00 |
| continuation sheets attached | | | (Total of t | Subt his j | | | 155,251.00 | 1,737.00 |
| | | | (Report on Summary of So | _ | ota lule | - I | 155,251.00 | 1,737.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 14 of 52

B6E (Official Form 6E) (4/13)

| In re | Tovia L Juliano | Case No. | |
|-------|-----------------|----------|--|
| - | | Debtor | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
|---|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 15 of 52

B6F (Official Form 6F) (12/07)

| In re | Tovia L Juliano | Case No. | |
|-------|-----------------|----------|--|
| - | | Debtor , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | Ç | Hu | sband, Wife, Joint, or Community | Ç | U | Ţ | 5Τ | |
|---|----------|-----|---|------------|-------------|---|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT | L | U T F | AMOUNT OF CLAIM |
| Account No. xxx0092 | | | Med1 02 Rosecrance Inc | Ť | T E D | | | |
| Aba 300 1/2 South 2nd Clinton, IA 52733 | | - | | | D | | | 4,263.00 |
| Account No. | T | Г | notice | T | T | T | T | |
| ABA Box 1600 Clinton, IA 52733 | | - | | | | | | 0.00 |
| Account No. | \vdash | H | services | + | \vdash | t | \dagger | |
| ADT Box 650485 Dallas, TX 75265 | | - | | | | | | 1,000.00 |
| Account No. | ┢ | H | notice | + | ┢ | t | \dagger | |
| Allied Interstate Box 361774 Columbus, OH 43236 | | - | | | | | | |
| | | | | | | | | 0.00 |
| 9 continuation sheets attached | | | (Total of t | Subt | | |) | 5,263.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 16 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | | Case No. |
|-------|-----------------|--------|----------|
| | | Debtor | |

| | | _ | | | | | |
|---|---------------|-------------|---|-------------|-----------------------|-------------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | CO | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NT I NG E N | | U T E | AMOUNT OF CLAIM |
| Account No. xxxxxxxx0205 | | | Opened 6/02/05 Last Active 12/05/08 | Т | D A T E D | | |
| Applied Card Bank Attention: Bankruptcy Po Box 17125 Wilmington, DE 19850 | | - | Credit Card | | D | | 0.00 |
| Account No. xxx0595 Atg Credit 1700 W Cortland St Ste 2 | | | Opened 9/01/13 Collection Attorney Radiology Consultants Of Rockf | | | | |
| Chicago, IL 60622 | | - | | | | | 1,700.00 |
| Account No. xxx8800 | | | 01 Ge Capital Retail Bank | | | | |
| Atlantic Crd Po Box 13386 Roanoke, VA 24033 | | - | | | | | 3,023.00 |
| Account No. | | | notice | | | | |
| Atlantic Credit Box 12966 Roanoke, VA 24030 | | - | | | | | 0.00 |
| Account No. xxxxx0854 | | | Opened 6/01/06 Last Active 11/02/12 | | | | |
| Bank of America Attn: Correspondence Unit/CA6-919-02-41 Po Box 5170 Simi Valley, CA 93062 | | - | Real Estate Mortgage | | | | Unknown |
| Sheet no1 of _9 sheets attached to Schedule of | | | | Subt | | | 4,723.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his] | pag | ge) | ., |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 17 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | | Case No | |
|-------|-----------------|--------|---------|--|
| | | Debtor | | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | | c | U | D | |
|--|-----------------|-------------|--|------------|------------|------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A M | DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE | O .IM | CONTLNGENT | UZL-QU-DAH | | AMOUNT OF CLAIM |
| Account No. | 1 | | notice | | ' | Ė | | |
| Barrick,Switzer,Long 6833 Stalter Dr Rockford, IL 61108 | | - | | | | D | | 0.00 |
| Account No. xxxxxxxxxxxxx318 | | П | Opened 11/01/05 Last Active 7/09/07 | | | | | |
| Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | | - | Credit Card | | | | | 0.00 |
| Account No. | T | T | notice | | _ | П | Г | |
| CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613 | | - | | | | | | 0.00 |
| Account No. | T | T | notice | | _ | П | Г | |
| CCB Credit Services Box 272 Springfield, IL 62705 | | - | | | | | | 0.00 |
| Account No. xxxxxxxxxxx4684 | Γ | | Opened 4/22/12 Last Active 2/26/13 Charge Account | | | | | |
| Chase Bank Attn: Bankruptcy Dept Po Box 15298 Wilmington, DE 19850 | | - | Charge Account | | | | | 0.00 |
| Sheet no. 2 of 9 sheets attached to Schedule of | | <u> —</u> | <u> </u> | | uhí | tota | Щ 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (To | otal of th | | | | 0.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 18 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | | Case No | |
|-------|-----------------|--------|---------|--|
| | | Debtor | | |

| | | | | | | _ | |
|---|-----------------|----|---|-----------|--------|----|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | ļ c | UNL | P | |
| MAILING ADDRESS | C O D E B T O R | Н | DATE OF A BANKA O BIOMBRED AND | CONT | L'Ì | s | |
| INCLUDING ZIP CODE, | l E | W | DATE CLAIM WAS INCURRED AND | l¦ | | U | |
| AND ACCOUNT NUMBER | T | J | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N | -GD- | Ī | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is sobject to setort, so state. | N G E N T | ρÌ | Б | |
| Account No. | ٢ | | notice | N | DATED. | | |
| | 1 | | | | Б | l | |
| Chase Receivables | | | | | П | | |
| 1247 Broadway | | - | | | | ı | |
| Sonoma, CA 95476 | | | | | | l | |
| | | | | | | l | |
| | | | | | | | 0.00 |
| Account No. xxxxxxx54N1 | ┢ | ┢ | Med1 Infinity Healthcare | ╁ | Н | | |
| | 1 | | • | | | | |
| Comnwith Fin | | | | | | l | |
| 245 Main St | | - | | | | ı | |
| Dickson City, PA 18519 | | | | | | l | |
| Biokoon oky, i A 10010 | | | | | | l | |
| | | | | | | | 1,152.00 |
| Account No. | ╁ | | notice | ╁ | Н | | · |
| Trecount 140. | ł | | 1101100 | | | l | |
| Convergent Outsoucring | | | | | | l | |
| Box 9004 | | l_ | | | | l | |
| Renton, WA 98057 | | | | | | l | |
| Renion, WA 90037 | | | | | | l | |
| | | | | | | l | |
| | | | | | | L | 0.00 |
| Account No. | 1 | | notice | | | | |
| | l | | | | | | |
| credit corp solutions | | | | | | l | |
| 63 E. 11400 South 408 | | - | | | | l | |
| Sandy, UT 84070 | | | | | | l | |
| | | | | | | l | |
| | | | | | | | 0.00 |
| Account No. xxxxxxxxxxxx0428 | | | Opened 8/01/13 | | П | | |
| | 1 | | Collection Attorney Swedishamerican Health | | | | |
| Creditors Protection S | | | System | | | ı | |
| Po Box 4115 | 1 | - | | | | l | |
| Rockford, IL 61101 | 1 | | | | | l | |
| | | | | | | | |
| | | | | | | | 17,361.00 |
| | | | | 上 | Ш | 匚 | 11,001.00 |
| Sheet no. 3 of 9 sheets attached to Schedule of | | | | Subt | | | 18,513.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | nis | pag | e) | 1 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 19 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | Case No. | _ |
|-------|-----------------|----------|---|
| _ | | Debtor | |

| | 1 0 | 1 | | 1. | | _ | 1 |
|--|---------|----------|---|-----------|------------------|-------------|-----------------|
| CREDITOR'S NAME, | CODEBTO | Hu | sband, Wife, Joint, or Community | - 6 | -rzc | D I | |
| MAILING ADDRESS | I E | Н | DATE CLAIM WAS INCURRED AND | N T | ŀ | S P | |
| INCLUDING ZIP CODE, | B | W | CONSIDERATION FOR CLAIM. IF CLAIM | I. | QU | U T E | AMOUNT OF CLAIM |
| AND ACCOUNT NUMBER (See instructions above.) | 6 | C | IS SUBJECT TO SETOFF, SO STATE. | Ğ | ĭ | Ė | AMOUNT OF CLAIM |
| (See instructions above.) | R | Ľ | | CONTINGEN | D A | D | |
| Account No. | | | notice | ٦ | Ā T E D | | |
| L | | | | \vdash | Ъ | | |
| Diversified Adjustments | | | | | | | |
| 600 Coon Rapids Blvd | | - | | | | | |
| Minneapolis, MN 55433 | | | | | | | |
| | | | | | | | 0.00 |
| · · · · · · | | _ | matter. | _ | | | 0.00 |
| Account No. | l | | notice | | | | |
| Encore Receivable | | | | | | | |
| Box 48458 | | l_ | | | | | |
| Oak Park, MI 48237 | | | | | | | |
| Oak 1 alk, IIII 40237 | | | | | | | |
| | | | | | | | 0.00 |
| Account No. xxxxxxxxxx7557 | ┢ | | Opened 12/01/12 Last Active 3/04/13 | | | | |
| | 1 | | Credit Card | | | | |
| First National Bank | | | | | | | |
| Attention:FNN Legal Dept | | - | | | | | |
| 1620 Dodge St. Stop Code: 3290 | | | | | | | |
| Omaha, NE 68197 | | | | | | | |
| Omana, NE 00197 | | | | | | | 2,006.00 |
| 4700 | | | On and 4/00/00 Last Astina 4/00/44 | | | | 2,000.00 |
| Account No. xxxxxxxxxx4768 | l | | Opened 1/22/09 Last Active 4/03/11 Credit Card | | | | |
| First Premier Bank | | | orealt card | | | | |
| 3820 N Louise Ave | | l_ | | | | | |
| Sioux Falls, SD 57107 | | | | | | | |
| Sloux Falls, 3D 37 107 | | | | | | | |
| | | | | | | | 0.00 |
| Account No. | ⊢ | \vdash | Notice Only/ Collection | + | \vdash | \vdash | |
| Account 140. | ł | | Troude Offigr Collection | | | | |
| Freedman, Anselmo, Lindberg, LLC | | | | | | | |
| Box 3228 | l | - | | | | | |
| Naperville, IL 60566 | ĺ | 1 | | | | | |
| 11440171110, 12 00000 | | | | | | | |
| | | | | | | | 0.00 |
| Sheet no4 of _9 sheets attached to Schedule of | | | | Sub | Oto | <u>L</u> | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 2,006.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | ınıs | pag | e) | l l |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 20 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | Case No. | _ |
|-------|-----------------|----------|---|
| _ | | Debtor | |

| | _ | _ | | _ | | _ | |
|--|----------|-------------|---|-----------|--------------|-------------|-----------------|
| CREDITOR'S NAME, | CO | Ηι | sband, Wife, Joint, or Community | CO | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COXH_XGEX | UZLLQULDAFED | U T E | AMOUNT OF CLAIM |
| Account No. xxxxx9437 | | | Opened 5/01/09 Last Active 2/17/10 | Т | T E | | |
| G C Services 6330 Gulfton St Ste 400 Houston, TX 77081 | | - | Collection Attorney T-Mobile Communications | | D | | 0.00 |
| Account No. | ┢ | \vdash | notice | | | | |
| Healthcare Billing Services Box 4 Clinton, IA 52733 | | - | | | | | 0.00 |
| Account No. | t | H | medical | | | | |
| Infinty Swedish American Box 3261 Milwaukee, WI 53201 | | - | | | | | 350.00 |
| Account No. | t | | medical | | | | |
| Kyte River ER Box 37918 Philadelphia, PA 19101 | | - | | | | | 1,200.00 |
| Account No. | T | T | medical | | | | |
| Metro Medical Services 5112 Forest Hills Court Loves Park, IL 61111 | | - | | | | | 1,000.00 |
| Sheet no5 of _9 sheets attached to Schedule of | | • | | Subt | | | 2,550.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his 1 | pag | ge) | 2,330.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 21 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | | Case No. | |
|-------|-----------------|--------|----------|--|
| | | Debtor | , | |

| Account No. NCO | | | | | | | | | |
|--|--|---------|--------|---|----------|----|-----|---|-----------------|
| Account No. NCO Box 17205 Wilmington, DE 19850 Account No. | CREDITOR'S NAME | Ç | Hu | sband, Wife, Joint, or Community | ļč | Ü | P | 1 | |
| Note | MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | W J | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONFLNGEN | 11 | I - | - | AMOUNT OF CLAIM |
| Nationwide credit Box 9156 Alexandria, VA 22304 | Account No. | | | notice | | E | | | |
| NCO Box 17205 Wilmington, DE 19850 - | Box 9156 | | - | | | D | | | 0.00 |
| Dottolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Bank Dopend 9/01/13 Factoring Company Account Ge Capital Retail Ban | Account No. | | | notice | Π | | | Τ | |
| Account No. osf lifeline Box 17115 Rockford, IL 61110 Account No. xxxxxxxxxxxx2069 Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 Opened 9/01/13 Factoring Company Account Ge Capital Retail Bank - Opened 9/01/13 Factoring Company Account Ge Capital Retail Bank - Opened 9/01/13 Factoring Company Account Ge Capital Retail Bank 2,821.00 Sheet no. 6 of 9 sheets attached to Schedule of Subtotal 5,737.00 | Box 17205 | | - | | | | | | 0.00 |
| osf lifeline Box 17115 Rockford, IL 61110 - Opened 10/01/13 Factoring Company Account Ge Capital Retail Bank - Sankruptcy Po Box 41067 Norfolk, VA 23541 - Opened 9/01/13 Factoring Company Account Ge Capital Retail Bank - Sankruptcy Po Box 41067 Norfolk, VA 23541 - Sankruptcy Po Box 41067 Norfolk, VA 23541 Sheet no. 6 of 9 sheets attached to Schedule of | A AN | - | | | ╄ | ╄ | ┡ | + | |
| Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 Account No. xxxxxxxxxxxxxx8850 Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 Opened 9/01/13 Factoring Company Account Ge Capital Retail Bank 2,821.00 2,821.00 Sheet no. 6 of 9 sheets attached to Schedule of | osf lifeline Box 17115 | | - | inedical | | | | | 600.00 |
| Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541 Sheet no. 6 of 9 sheets attached to Schedule of Factoring Company Account Ge Capital Retail Bank 2,316.00 | Portfolio Recovery Attn: Bankruptcy Po Box 41067 | | - | Factoring Company Account Ge Capital Retail | | | | | 2,821.00 |
| 5.737.00 | Portfolio Recovery Attn: Bankruptcy Po Box 41067 | | - | Factoring Company Account Ge Capital Retail | | | | | 2,316.00 |
| | Sheet no. _6 of _9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | | 5,737.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 22 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | Case No. | |
|-------|-----------------|----------|--|
| _ | | Debtor | |

| | | | | | | | _ | |
|---|----------|-------------|---|--------|---------|-----------|-----|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | | U | | ۱ ۱ | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER | CODEBTOR | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | ZL I QU | I S P U T | 7 | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is subject to setory, so state. | E | | E | 5 | |
| Account No. | | | medical | T i | TED | | ľ | |
| Radiology Consultants of Rockford 39020 Eagle Way Chicago, IL 60678 | | - | | | | | | |
| onicago, in coord | | | | | | | | 1,700.00 |
| Account No. | | | notice | | | | | |
| RGS Collections | | | | | | | | |
| Box 852039 | | - | | | | | | |
| Richardson, TX 75085 | | | | | | | | |
| | | | | | | | | 0.00 |
| Account No. | | | medical | | | | Ī | |
| RMH Patholgist 6785 Weaver rd Rockford, IL 61114 | | - | | | | | | |
| | | | | | | | | 20.00 |
| Account No. | | | medical | | | T | | |
| rockford associated Clinical | | | | | | | | |
| Box 71082 | | - | | | | | | |
| Chicago, IL 60694 | | | | | | | | |
| | | | | | | | | 150.00 |
| Account No. xxxxxxxxxxxx3480 | | | Med1 02 Osf Lifeline Ambulance Llc | \top | | T | 1 | |
| | 1 | | | | | | | |
| Rockford Mercantile 2502 S. Alpine Rd | | _ | | | | | | |
| Rockford, IL 61108 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 602.00 |
| Sheet no. 7 of 9 sheets attached to Schedule of | | | | Sub | otot | al | 1 | 2,472.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total c | f this | pa | ge) |) [| 2,412.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 23 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | Case No |
|-------|-----------------|---------|
| _ | | Debtor |

| CDEDITOD'S NAME | С | Hu | sband, Wife, Joint, or Community | | С | U | D | |
|--|----------|-------------|--|---------------|----------|-------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE | O AIM L | ONTINGEN | ONL-QU-DATE | SPUTED | AMOUNT OF CLAIM |
| Account No. | | | medical | | Т | T E | | |
| rosecrance health network 1021 N. Mulford Rd Rockford, IL 61107 | | - | | | | D | | 4,300.00 |
| Account No. | ╁ | | notice | | | | | 4,300.00 |
| Sunrise Credit Services Box 9168 Farmingdale, NY 11735 | | - | | | | | | |
| | | | | | | | | 0.00 |
| Account No. xxxxxxxxxxxxx8850 Syncb/home Design Hvac C/o Po Box 965036 Orlando, FL 32896 | | - | Opened 12/02/11 Last Active 2/26/13 Charge Account | | | | | 0.00 |
| Account No. xxxxxxxxxxxx2069 Syncb/mega Group Usa I C/o Po Box 965036 Orlando, FL 32896 | | _ | Opened 3/04/12 Last Active 2/26/13 Charge Account | | | | | |
| Account No. www.www.ww.2000 | _ | | Opened 44/29/40 Legt Active 2/26/42 | | | | | 0.00 |
| Account No. xxxxxxxxxxxxx2009 Syncb/yamaha Music&sou C/o Po Box 965036 Orlando, FL 32896 | | - | Opened 11/28/10 Last Active 2/26/13 Charge Account | | | | | 0.00 |
| Sheet no. 8 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (To | Sotal of th | | ota pag | | 4,300.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 24 of 52

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tovia L Juliano | Case No |
|-------|-----------------|---------|
| _ | | Debtor |

| | | | | _ | _ | | |
|--|---------|-------------|---|------------|------------------|-------------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | C | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLLQULDA | U T F | AMOUNT OF CLAIM |
| Account No. | | | notice | Ť | D A T E | | |
| The Wirbicki Law Group 33 W. Monroe St. Suite 1140 Chicago, IL 60603 | | - | | | D | | 0.00 |
| Account No. xxxxxxxxxx0001 | t | <u> </u> | Opened 4/01/11 Last Active 5/31/13 | H | H | | |
| Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304 | | - | | | | | |
| | | | | | | | 431.00 |
| Account No. xxx2110 Virtuoso Sourcing Grou 3033 S Parker Rd Aurora, CO 80014 | | - | Opened 9/01/14 Collection Attorney Pendrick Capital Partners | | | | |
| | | | | | | | 321.00 |
| Account No. | - | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Sheet no. 9 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | S (Total of t | Sub his | | | 752.00 |
| completely commo | | | | Т | Γota | al | 46,316.00 |
| | | | (Report on Summary of Sc | hec | dule | es) | 40,310.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 25 of 52

B6G (Official Form 6G) (12/07)

| In re | Tovia L Juliano | Case No. |
|-------|-----------------|----------|
| _ | | Debtor |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 26 of 52

B6H (Official Form 6H) (12/07)

| In re | Tovia L Juliano | | Case No. | |
|-------|-----------------|--------|----------|--|
| | | Debtor | | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 27 of 52

| Fill | in this information to | identify your ca | ase: | | | | | | | | |
|-------------|---|--|--|---|-------------|------|-------------|------------|----------------------|---|----------|
| Deb | otor 1 | Tovia L Julia | ano | | | _ | | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrupto | y Court for the | NORTHERN DISTRIC | T OF ILLINOIS | | _ | | | | | |
| | se number nown) | | | | | | □ A | | d filing ent show | ving post-petition e following date: | |
| 0 | fficial Form I | <u>B 6I</u> | | | | | N | IM / DD/ Y | YYY | | |
| S | chedule I: Y | our Inc | ome | | | | | | | | 12/1 |
| spo atta | use. If you are sepa ch a separate sheet tt 1: Describe | rated and you to this form. (Employment | are married and not filir r spouse is not filing wi On the top of any addition | th you, do not inclu | de inforr | nati | on about | your spo | use. If 1 | more space is | needed, |
| 1. | Fill in your employ information. | yment | | Debtor 1 | | | | Debtor 2 | or non | -filing spouse | |
| | If you have more the attach a separate printering information about a | age with | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | i | | |
| | employers. | idaitionai | Occupation | truck driver | | | | unempl | oyed | | |
| | Include part-time, s self-employed work | | Employer's name | Gallano | | | | | | | |
| | Occupation may incor homemaker, if it | | Employer's address | | | | | | | | |
| | | | How long employed th | nere? <u>1 year</u> | | | | _ | | | |
| Par | t 2: Give Deta | ils About Mor | thly Income | | | | | | | | |
| | mate monthly inconuse unless you are se | | ate you file this form. If y | ou have nothing to re | eport for | any | line, write | \$0 in the | space. I | Include your no | n-filing |
| | ou or your non-filing spe space, attach a sep | | ore than one employer, co | mbine the information | n for all e | mpl | oyers for | that perso | n on the | e lines below. If | you need |
| | | | | | | | For Del | otor 1 | | Debtor 2 or filing spouse | |
| 2. | | | ry, and commissions (becalculate what the monthly | | 2. | \$ | 3 | ,706.00 | \$ | 1,317.00 | |
| 3. | Estimate and list i | monthly overt | me pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross In | come. Add lir | e 2 + line 3. | | 4. | \$ | 3,70 | 06.00 | \$ | 1,317.00 | |

| Debt | otor 1 Tovia L Juliano | | Case number (if known) | | | |
|------|--|--|--|--|--|--|
| | Copy line 4 here | 4. | For Debtor 1 \$ 3,706.00 | For Debtor 2 or non-filing spouse \$ 1,317.00 | | |
| 5. | List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans | 5a. 5b. | \$ <u>253.00</u> \$ 0.00 | \$\$ <u>135.00</u> \$ | | |
| | 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations | 5c. 5d. 5e. 5f. | \$ 0.00 \$ 0.00 \$ 286.00 \$ 0.00 | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 | | |
| 6. | 5g. Union dues 5h. Other deductions. Specify: Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 5g. 5h.+ 6. | | \$ 0.00 + \$ 0.00 \$ 135.00 | | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ 539.00 \$ 3,167.00 | \$ 1,182.00 | | |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a busine profession, or farm Attach a statement for each property and business showing gros receipts, ordinary and necessary business expenses, and the tot monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a regularly receive Include alimony, spousal support, child support, maintenance, dissettlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash that you receive, such as food stamps (benefits under the Supple Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: | ess, s sal 8a. 8b. dependent vorce 8c. 8d. 8e. | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 | \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 | | |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | \$ | | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. \$ | 3,167.00 + \$ | 1,182.00 = \$ 4,349.00 | | |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | |
| 12. | Add the amount in the last column of line 10 to the amount in line Write that amount on the Summary of Schedules and Statistical Summapplies | | | 12. \$ 4,349.00 Combined | | |
| 13. | Do you expect an increase or decrease within the year after you fil ■ No. □ Yes. Explain: | le this form? | | monthly income | | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 29 of 52

| Debtor 1 Tovia L Juliano Debtor 2 Spouse, filling United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS An amended filling A superior state of the following date: 13 expenses as of the following date: MM / DD / YYYY MM / DD / YYYY An amended filling A superior state in the following date: MM / DD / YYYY MM / DD / YYYYY An amended filling A superior state in the following date: MM / DD / YYYYY An amended filling for Debtor 2 because Debtor 2 maintains a separate household 3 maintains a separate househol | Fill | in this information to identify your case: | | | | |
|--|------------|--|------------------------|-----------|----------------|-------------------------|
| Debter 2 (Sposes, if filling) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Official Form B 6J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Describe Your Household Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No Do not list Debtor 1 and Pyes. Fill out this information for Debtor 2. Do you have dependents? No Do not state the dependents names. Son 9 Pyes Dependent's relationship to Dependent's names. Son 9 Pyes Javes | Deb | btor 1 Tovia L Juliano | | Che | ck if this is: | |
| United States Benkruptory Court for the: NORTHERN DISTRICT OF ILLINOIS | | | | | • | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS MM / DD / YYYY Case number (If known) A separate filing for Debtor 2 because Debto 2 maintains a separate household 3 mumber (if known). Answer every question. Part ! Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. Yes. Does Debtor 2 must file a separate Schedule J. Do not list Debtor 1 and Debtor 2. Do not state the dependents? Son 9 Pendent's live with you? Daughter 11 Pendent's live with you? Daughter 11 Pendent's live with you? No Daughter 11 Pendent's live with you? Daughter 11 Pendent's live with you? No Daughter 12 Pendent's live with you? No Daughter 13 Pendent's live with you? No Daughter 14 Pendent's live with you? No Daughter 15 Pendent's live with you? No Daughter 16 Pendent's live with you? No Daughter 17 Pendent's live with you? No Daughter 19 Pendent's live with you? No Daughter 19 Pendent's live with you? No Daughter 19 Pendent's live with | | | | | | |
| Case number (It known) A separate filing for Debtor 2 because Debtor 2 maintains a separate household A separate filing for Debtor 2 because Debtor 2 maintains a separate household | Unit | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN | IOIS | | MM / DD / YYYY | |
| Official Form B 6J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Describe Your Household I is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No Do not list Debtor 2 live in a separate household? No Do not list Debtor 1 and Pyes. Fall out this information for Debtor 2 Do not state the dependents' names. Son 9 Yes Daughter 11 Pyes No No Daughter 11 Yes Daughter 11 Yes No No No Daughter 19 No No No No No Daughter 19 No N | | · · · · · · · · · · · · · · · · · · · | | | | Dahtar O. basassa Dahta |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Ratt Describe Your Household | | | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Ratt Describe Your Household | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 | O. | fficial Form B 6J | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 | S | chedule J: Your Expenses | | | | 12/1: |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file a separate Schedule J. | Be info | as complete and accurate as possible. If two married people at ormation. If more space is needed, attach another sheet to this | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2 must file a separate Schedule J. 2. Do not list Debtor 1 and Debtor 2 must file a separate Schedule J. Do not state the dependents in ames. Son Daughter Daug | | | | | | |
| Yes. Does Debtor 2 live in a separate household? No | 1. | - | | | | |
| No | | | | | | |
| Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Son | | | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Son Son Daughter 11 Yes Daughter 11 Yes Daughter 19 Yes Daughter 19 Yes Daughter 19 Yes Daughter 19 Yes No Yes Daughter 19 Yes Daughter 19 Yes 10 No Daughter 19 Yes 10 No Daughter 19 Yes Daughter 19 Yes 10 No Daughter 19 Yes Daughter 19 Y | | _ ' | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Son Son Daughter 11 Yes Daughter 11 Yes Daughter 19 Yes Daughter 19 Yes Daughter 19 Yes Daughter 19 Yes No Yes Daughter 19 Yes Daughter 19 Yes 10 No Daughter 19 Yes 10 No Daughter 19 Yes Daughter 19 Yes 10 No Daughter 19 Yes Daughter 19 Y | 2. | Do you have dependents? ☐ No | | | | |
| dependents' names. Son 9 Yes No No No | | Do not list Debtor 1 and Yes Fill out this information for | | | | |
| Daughter Daught | | Do not state the | | | | □ No |
| Daughter 11 Pyes No No No No No Yes | | dependents' names. | Son | | _ 9 | |
| Daughter 19 Yes No No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 1 | | | Daughter | | 11 | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. Homeowner's association or condominium dues | | | <u> </u> | | - | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | | | Daughter | | 19 | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Homeowner's association or condominium dues | | | | | | |
| expenses of people other than yourself and your dependents? Part 2: | 3 | Do your expenses include | | | | ☐ Yes |
| Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 100.00 | 0. | expenses of people other than | | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 1000 | | <u> </u> | | | | |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | Est | timate your expenses as of your bankruptcy filing date unless y | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues | app | plicable date. | | | | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 4d. Homeowner's association or condominium dues | | | | | | |
| payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 1,100.00 4a. \$ 0.00 4b. \$ 100.00 4c. Homeowner's association or condominium dues | (Of | ificial Form 6I.) | | | Your exp | enses |
| 4a.Real estate taxes4a.\$ 0.004b.Property, homeowner's, or renter's insurance4b.\$ 0.004c.Home maintenance, repair, and upkeep expenses4c.\$ 100.004d.Homeowner's association or condominium dues4d.\$ 0.00 | 4. | | Include first mortgage | e 4. : | \$ | 1,100.00 |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 100.00 | | If not included in line 4: | | | | |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 100.00 | | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00 | | 4b. Property, homeowner's, or renter's insurance | | 4b. | \$ | 0.00 |
| | | | | | | |
| | 5. | | ome equity loans | | | 0.00 |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 30 of 52

| Debtor 1 | Tovia L Juliano | Case num | per (if known) | |
|----------|---|------------------------------|----------------|-------------------------|
| . Utili | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 300.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 100.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 300.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Foo | d and housekeeping supplies | 7. | \$ | 700.00 |
| | dcare and children's education costs | 8. | \$ | 200.00 |
| | thing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| | sonal care products and services | 10. | \$ | 100.00 |
| | lical and dental expenses | 11. | \$ | 200.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | | Ψ | 200.00 |
| | not include car payments. | 12. | \$ | 250.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| . Cha | ritable contributions and religious donations | 14. | \$ | 0.00 |
| . Insı | irance. | | · - | |
| Do r | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 0.00 |
| 15b. | . Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 167.00 |
| 15d | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spe | _ · _ | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| | . Car payments for Vehicle 1 | 17a. | \$ | 405.00 |
| | Car payments for Vehicle 2 | 17b. | \$ | 177.00 |
| | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report | | Φ. | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. | | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on So . Mortgages on other property | <i>cneauie I: Yo</i> 20a. | | 0.00 |
| | Real estate taxes | 20a. 20b. | | 0.00 |
| | | | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | . Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Oth | er: Specify: | 21. | +\$ | 0.00 |
| . You | r monthly expenses. Add lines 4 through 21. | 22. | \$ | 4,299.00 |
| | result is your monthly expenses. | | · | |
| | culate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,349.00 |
| | Copy your monthly expenses from line 22 above. | 23b. | -\$ | 4,299.00 |
| | | - | | -,:::• |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | 50.00 |
| Do | you expect an increase or decrease in your expenses within the year after | r vou filo this | form? | |
| | example, do you expect to finish paying for your car loan within the year or do you expect to | | | e or decrease because o |
| | ffication to the terms of your mortgage? | , | ., | |
| | No. | | | |
| | | | | |
| Expl | | | | |
| - 10 | MILL I | | | |

Document

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Page 31 of 52

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | | Case No. | | | |
|-------|--|-----------|--|------------------|-------------------|--|--|
| | | | Debtor(s) | Chapter 7 | | | |
| | DECLARATION CONCERNING DEBTOR'S SCHEDULES DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR | | | | | | |
| | I declare under penalty of perjury th sheets, and that they are true and correct to the | | , i | | es, consisting of | | |
| Date | March 6, 2015 | Signature | /s/ Tovia L Juliano Tovia L Juliano Debtor | | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 32 of 52

B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | Case No. | |
|-------|-----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$4,000.00 2015 income \$33,000.00 2014 income \$27,700.00 2013 income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 33 of 52

B7 (Official Form 7) (04/13)

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID OF CREDITOR OWING **PAYMENTS**

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS OWING TRANSFERS**

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND DATE OF PAYMENT RELATIONSHIP TO DEBTOR

AMOUNT STILL AMOUNT PAID **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None П

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** DISPOSITION AND LOCATION **Bank of America Foreclosure** Winnebago County Sheriff sale approved Tovia Juliano, et al., 14 CH 212 **Altantic Credit & Finance** Collection Winnebago County **Judgment** vs Tovia Juliano, 14 SC 3743 **Alpine Bank** Contract Winnbago County **Judgment**

Tovia Juliano, 13 AR 251

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE DESCRIPTION AND VALUE OF DATE OF SEIZURE BENEFIT PROPERTY WAS SEIZED **PROPERTY**

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 34 of 52

B7 (Official Form 7) (04/13)

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Eric Pratt Law Firm P.C. 3957 North Mulford Rd. Suite C

Suite C Rockford, IL 61114 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,885.00

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 35 of 52

B7 (Official Form 7) (04/13)

1

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

LOCATION OF PROPERTY

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Page 36 of 52 Document

B7 (Official Form 7) (04/13)

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE I.AW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS **GOVERNMENTAL UNIT NOTICE** LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 37 of 52

B7 (Official Form 7) (04/13)

6

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six vears immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 38 of 52

B7 (Official Form 7) (04/13)

7

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

·

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 39 of 52

B7 (Official Form 7) (04/13)

8

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date March 6, 2015

Signature /s/ Tovia L Juliano

Tovia L Juliano

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 40 of 52

B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

| In re | Tovia L Juliano | | Case No. | |
|-------|-----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by

| property of the estate. Attach ac | | cessary.) |
|--|------------|---|
| Property No. 1 | | |
| Creditor's Name: Alpine Bank & Trust Co | | Describe Property Securing Debt: 5103 Illinois St Loves Park,IL 61111 |
| Property will be (check one): | | |
| ■ Surrendered | ☐ Retained | |
| If retaining the property, I intend to (check □ Redeem the property □ Reaffirm the debt □ Other. Explain | | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ■ Claimed as Exempt | | ☐ Not claimed as exempt |
| Property No. 2 | |] |
| Creditor's Name: Caliber Home Loans, In | | Describe Property Securing Debt: 5103 Illinois St Loves Park,IL 61111 |
| Property will be (check one): | | |
| ☐ Surrendered | ■ Retained | |
| If retaining the property, I intend to (check □ Redeem the property ■ Reaffirm the debt □ Other. Explain | | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ■ Claimed as Exempt | | ☐ Not claimed as exempt |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 41 of 52

| B8 (Form 8) (12/08) | | _ | Page 2 |
|---|-----------------------|---|--|
| Property No. 3 | | | |
| Creditor's Name: Credit Acceptance | | Describe Property S 2013 Dodge Journey | |
| Property will be (check one): ☐ Surrendered | ■ Retained | ı | |
| If retaining the property, I intend to ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | (check at least one): | oid lien using 11 U.S.C | 8 522(f)) |
| Property is (check one): | (for example, ave | old hell using 11 0.5.C | . § 522(1)). |
| ■ Claimed as Exempt | | ☐ Not claimed as exe | empt |
| Property No. 4 | | 1 | |
| Creditor's Name: Midwest Title Loans | | Describe Property S 1999 Mercury Trace | |
| Property will be (check one): ☐ Surrendered | ■ Retained | | |
| If retaining the property, I intend to | (check at least one): | | |
| ■ Reaffirm the debt □ Other. Explain | (for example, avo | oid lien using 11 U.S.C | . § 522(f)). |
| Property is (check one): ■ Claimed as Exempt | | ☐ Not claimed as exe | empt |
| PART B - Personal property subject Attach additional pages if necessary.) | | e columns of Part B mu | ast be completed for each unexpired lease. |
| Property No. 1 | | | |
| Lessor's Name: -NONE- | Describe Leased Pro | operty: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO |
| I declare under penalty of perjury personal property subject to an un | | intention as to any pr | roperty of my estate securing a debt and/or |
| Date March 6, 2015 | | /s/ Tovia L Juliano Tovia L Juliano | |
| | | Debtor | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 42 of 52

United States Bankruptcy Court Northern District of Illinois

| In re | e _ Tovia L Juliano | | Case No. | | |
|-------|--|---|---------------------|-------------------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COM | PENSATION OF ATTORN | EY FOR DI | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule paid to me within one year before the filing of the pehalf of the debtor(s) in contemplation of or in con | etition in bankruptcy, or agreed to be pa | aid to me, for serv | | |
| | For legal services, I have agreed to accept | | \$ | 1,885.00 | |
| | Prior to the filing of this statement I have recei | ved | \$ | 1,885.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$ 335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed c | compensation with any other person unl | less they are mem | bers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed compoput copy of the agreement, together with a list of the | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. [Other provisions as needed] see attached fee agreement | | | | |
| 7. | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding or a | / dischargeability actions, judicia | I lien avoidanc | es, relief from stay actions or | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement obankruptcy proceeding. | of any agreement or arrangement for page | yment to me for r | epresentation of the debtor(s) in | |
| Date | d: March 6, 2015 | /s/ Jason Kunowski | | | |
| | | Jason Kunowski | D.C. | | |
| | | Eric Pratt Law Firm 3957 North Mulford | | | |
| | | Suite C | | | |
| | | Rockford, IL 61114 815-315-0683 Fax: | 815-516-5943 | | |
| | | rockford@jordanpra | | | |

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 43 of 52

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|--|
| CHAPTER 7 FLAT FEE AGREEMENT |
| 1. Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent Jovig Julian C |
| ("Client"), in a Chapter 7 Bankruptcy. Attorney and Client agree that this representation includes the |
| Petition, Statements and Schedules and representation at the 341(a) meeting. It does not include |
| representation in Reaffirmation Agreements, Bankruptcy Court appearances, dischargability complaints |
| and inquiries into the value of assets. Additional fees will be required if these services are needed. |
| |

- 2. Client agrees to pay Attorney a flat fee of \$ 1227 to be paid as stated below in the Payment Plan. This fee, upon payment, becomes the property of the law firm. Client hereby directs Attorney to deposit these funds in Attorney's business account. The firm will begin work upon receipt of the flat fee. In the event Client discharges or terminates this agreement or services covered under this agreement, then Attorney shall deduct the amount of \$300 prior to refunding.
- 3. Client will be responsible for costs, such as the filing fees, in addition the Attorney fees. This includes the \$306 filing fee plus the \$40 credit report fee.
- 4. **Better Business Bureau Fees Dispute Resolution**: Client has the right to demand <u>binding</u> dispute resolution with the Better Business Bureau. Client must notify Attorney, in writing, 30 days prior to filing the Request with the BBB in order to allow Attorney to resolve the dispute with client. If Client chooses to submit the dispute to the BBB, then Attorney must submit the dispute to the BBB.
- 5. By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. I understand that there are no guarantees regarding qualifying for Chapter 7 bankruptcy and no guarantees regarding keeping equity in any assets.

ERIC PRATE LAW FIRM, P.C.

By: 189 5 29/14

PAYMENT PLAN:

#500 cm today. Then, #400 29 120 and

of ance north logy forth 2014. To be

of ance north logy forth 2014. To be

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Case 15-80600 Doc 1 Filed 03/06/15 Entered 03/06/15 10:07:37 Desc Main Document Page 46 of 52

B 201B (Form 201B) (12/09)

United States Bankruptcy Court

| | | thern District of Illinois | | |
|--------|------------------------|--|--------------------|---------------|
| In re | Tovia L Juliano | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| Code. | UNDER § 342(b) | NOTICE TO CONSUM OF THE BANKRUPTO ertification of Debtor ceived and read the attached no | CY CODE | , |
| Tovia | L Juliano | X /s/ Tovia L Juli | ano | March 6, 2015 |
| Printe | d Name(s) of Debtor(s) | Signature of De | btor | Date |
| Case l | No. (if known) | XSignature of Join | nt Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Illinois | | | |
|-------|---|---|----------------------|--|--|
| In re | Tovia L Juliano | | Case No. | | |
| | | Debtor(s) | Chapter 7 | | |
| | VE | CRIFICATION OF CREDITOR M | IATRIX | | |
| | | Number of | Number of Creditors: | | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | March 6, 2015 | /s/ Tovia L Juliano Tovia L Juliano Signature of Debtor | | | |

Aba 300 1/2 South 2nd Clinton, IA 52733

ABA Box 1600 Clinton, IA 52733

ADT Box 650485 Dallas, TX 75265

Allied Interstate Box 361774 Columbus, OH 43236

Alpine Bank & Trust Co 1700 N Alpine Rd Rockford, IL 61107

Applied Card Bank Attention: Bankruptcy Po Box 17125 Wilmington, DE 19850

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Atlantic Crd Po Box 13386 Roanoke, VA 24033

Atlantic Credit Box 12966 Roanoke, VA 24030

Bank of America Attn: Correspondence Unit/CA6-919-02-41 Po Box 5170 Simi Valley, CA 93062

Barrick, Switzer, Long 6833 Stalter Dr Rockford, IL 61108 Caliber Home Loans, In Po Box 24610 Oklahoma City, OK 73124

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613

CCB Credit Services Box 272 Springfield, IL 62705

Chase Bank Attn: Bankruptcy Dept Po Box 15298 Wilmington, DE 19850

Chase Receivables 1247 Broadway Sonoma, CA 95476

Comnwlth Fin 245 Main St Dickson City, PA 18519

Convergent Outsoucring Box 9004 Renton, WA 98057

Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034

credit corp solutions 63 E. 11400 South 408 Sandy, UT 84070

Creditors Protection S Po Box 4115 Rockford, IL 61101

Diversified Adjustments 600 Coon Rapids Blvd Minneapolis, MN 55433

Encore Receivable Box 48458 Oak Park, MI 48237

First National Bank Attention: FNN Legal Dept 1620 Dodge St. Stop Code: 3290 Omaha, NE 68197

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Freedman, Anselmo, Lindberg, LLC Box 3228 Naperville, IL 60566

G C Services 6330 Gulfton St Ste 400 Houston, TX 77081

Healthcare Billing Services Box 4 Clinton, IA 52733

Infinty Swedish American Box 3261 Milwaukee, WI 53201

Kyte River ER Box 37918 Philadelphia, PA 19101

Metro Medical Services 5112 Forest Hills Court Loves Park, IL 61111 Midwest Title Loans 5203 N. Second St Loves Park, IL 61111

nationwide credit Box 9156 Alexandria, VA 22304

NCO Box 17205 Wilmington, DE 19850

osf lifeline Box 17115 Rockford, IL 61110

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Radiology Consultants of Rockford 39020 Eagle Way Chicago, IL 60678

RGS Collections Box 852039 Richardson, TX 75085

RMH Patholgist 6785 Weaver rd Rockford, IL 61114

rockford associated Clinical Box 71082 Chicago, IL 60694

Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108 rosecrance health network 1021 N. Mulford Rd Rockford, IL 61107

Sunrise Credit Services Box 9168 Farmingdale, NY 11735

Syncb/home Design Hvac C/o Po Box 965036 Orlando, FL 32896

Syncb/mega Group Usa I C/o Po Box 965036 Orlando, FL 32896

Syncb/yamaha Music&sou C/o Po Box 965036 Orlando, FL 32896

The Wirbicki Law Group 33 W. Monroe St. Suite 1140 Chicago, IL 60603

Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304

Virtuoso Sourcing Grou 3033 S Parker Rd Aurora, CO 80014